

**HOMELESSNESS
IN THE
CITY OF BOSTON
WINTER 2000-2001**

**ANNUAL CENSUS REPORT
DECEMBER 11, 2000**

MAYOR THOMAS M. MENINO



**Emergency Shelter Commission
Kelley A. Cronin, Director**

EXECUTIVE SUMMARY

On the night of the homeless census, there were **5,906** homeless men, women and children in Boston this year compared to **5,820** last year. This is an increase of **1.5%**.

The total number of homeless men and women in adult shelters was **2,452** this year compared to **2,406** last year, a **2%** increase. The total number of homeless men and women on the streets and all residential facilities was **3,871** compared to **3,915** last year, a **1%** decrease, however the number of women in adult shelters has increased by **14%**. Homeless adults have increased **5.5%** since 1998 and represent **65.5%** of the homeless population.

The total number of homeless men, women and children in family shelter was **2,035** this year compared to **1,905** last year. This is an increase of **6.8%**. Homeless families have increased **26%** since the winter of 1998 and represent **34.5%** of the homeless population.

There were **5,906** homeless people in the City of Boston in 2000 compared to **3,613** in 1990. This is an increase of **63%**. The number of homeless children has tripled in the past 10 years. There were **1,310** homeless children in Boston in 2000 compared to **436** in 1990, an increase of **200%**. There were **1,371** homeless women in 2000 compared to **771** in 1990, an increase of **77%**. There were **3,225** homeless men in 2000 compared to **2,406** in 1990, an increase of **34%**. Though the number of homeless men is rising at a slower rate than women and children, they still continue to be the largest percentage of the population, **54.6%**, and the majority have a chronic disability such as mental illness and/or substance addiction.

29% of single adults and **25%** of families had employment income yet were unable to afford housing. **36%** of single adults and **19%** of families had no income at all, severely limiting their ability to secure housing.

There has been a significant decrease in the number of families receiving public benefits in the past 3 years, only **49%** are receiving TAFDC this year compared to **71%** in 1997, and only **30%** are receiving food stamps compared to **63%** in 1997.

There has been a significant increase in the number of homeless single adults who receive health insurance, **55%** are currently covered by Medicaid/Mass Health compared to **30%** in 1997. **74%** of homeless adults are receiving some form of health insurance.

CENSUS METHODOLOGY

HOMELESS PEOPLE LIVING IN SHELTER

Approximately one month prior to the actual census, Boston's Emergency Shelter Commission mailed an advisory to all of the city's shelter providers and transitional programs to inform them of the study. Shelter contacts were informed of the date of the census and how the survey will be conducted; the Shelter Commission also solicits volunteers for the street count. Each program was asked to tabulate the population of their sheltering program on the night of the count. The City's Emergency Shelter Commission then contacted each shelter on December 12th to obtain the total from the previous night.

HOMELESS PEOPLE LIVING ON THE STREET

The City was divided into thirty-seven separate areas for the purpose of the census. The downtown areas were small enough to be thoroughly covered by volunteers on foot; outlying neighborhoods, where few homeless people have been identified in the past, were covered by car. Even in these neighborhoods, volunteers were expected to leave their vehicles and conduct the census by foot in areas with a higher likelihood of finding homeless individuals. Volunteers were provided with a list of locations to be checked thoroughly in their assigned area.

All teams utilized radios and cell phones to facilitate communication during the census, to guarantee the volunteers' safety, and to call for emergency medical assistance if needed for individuals encountered on the street. Volunteers also used two vans to transport homeless individuals who requested assistance in getting to a shelter.

DEMOGRAPHIC INFORMATION ON HOMELESS PEOPLE

The Center for Social Policy at the McCormack Institute, University of Massachusetts Boston oversees the Connection, Service, and Partnership through Technology (CSPTech) project, previously known as the ANCHoR Project. This homeless services data system, a networked computerized record-keeping system, is being implemented throughout the Commonwealth.

The Mayor had commissioned a study by the Center for Social Policy at the McCormack Institute and the Center for Survey Research conducted on March 19, 1997. Both the 1997 study and CSPTech data will be referenced in this report.

THE VOLUNTEERS

The Emergency Shelter Commission recruited volunteers who are neighborhood residents, City employees, City Year volunteers, and staff at the various programs that serve homeless people. Volunteer selection is important, since people who work with this population can assist in avoiding stereotypes often associated with homelessness. The study started at 10:45 p.m. in order to ensure that businesses or other places of temporary refuge are closed. Also, the study was conducted on a Monday night/Tuesday morning when there is less general pedestrian traffic than other times during the week.

This census count has been conducted annually on the second Monday of December. At the time of this census, the temperature was 42 degrees with overcast conditions.

Volunteers were asked to designate people by the following identifiable factors:

1. Was the individual definitely or possibly homeless?

If it was unclear in specific situations, volunteers were asked to record these individuals as "possible." The city included people listed as "possible" in the count presented in this document.

2. Was the individual in need of medical attention?

The census volunteers included many medical professionals from Boston's Health Care for the Homeless Program.

3. Did the individual need transportation to shelter?

While Pine Street Inn operates two nighttime outreach vans, some individuals may be unaware of these services or unable to walk to shelter. The Census used two vans provided by Long Island Shelter as well as Pine Street's outreach vans to transport people to shelter.

Since the outdoor homeless population is served by several different outreach programs, our purpose was simply to determine the size of the homeless population in Boston and not duplicate outreach work.

HISTORY

The census of Boston's homeless population is conducted annually by the City's Emergency Shelter Commission. The 1983 study, conducted by six volunteers working over a period of two weeks, was the City's first attempt to identify the size of the street population associated with homelessness. This beginning work on counting the homeless inspired later projects which provided a clearer picture of the scope of the homeless population in the City of Boston. The study has grown to include dozens of non-profit service organizations, over two hundred volunteers, and appropriate City agencies as directed by Mayor Menino.

PURPOSE

The annual homeless census informs the Mayor about the number of homeless people in our City and what resources the City will need in order to meet our commitment. Under the leadership of Mayor Menino, the City of Boston continues its commitment that no individual will go without a bed, without a meal, without medical care, without opportunity and hope simply because they are homeless.

Until the scope and nature of the problem can be defined, government agencies are not adequately prepared to address important service delivery issues. Prior to conducting the first census count of the homeless in 1983, some estimates of the number of homeless in Boston varied by as much as ten thousand people. Many major cities in the U.S. do not undertake an actual physical count. With more accurate numbers, the City and providers can coordinate the services, including shelter, street outreach, food, clothing, medical, employment training, substance abuse treatment, and mental health treatment, that not only enable homeless people to survive but to help them move beyond shelter to more independent and productive lives.

THE POPULATION ON THE STREET

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Street Count	208	42	0	182	31	0
TOTALS		250			213	

There were 182 men and 31 women on the streets of Boston on the night of the census, a 14.8% decrease from last year's number.

Many homeless men and women who sleep on the streets are mentally ill. Some mental illnesses, especially schizophrenia, cause the person to experience auditory hallucinations and acute paranoia. In many cases exacerbated by substance abuse, the person's condition has often deteriorated to the point where they are too paranoid to go into already overcrowded shelters and afraid of the people who offer them help in the street. Clearly, these people are in need of specialized services, including street outreach, appropriate shelter, and, in some cases, hospital in-patient services.

To respond to these needs, daytime outreach programs staffed by Tri-City Mental Health, Friends of Shattuck Shelter, and the Pine Street Inn have expanded their coverage from Downtown Crossing to the Back Bay and the North Station areas. Pine Street Inn has operated a nighttime outreach van since 1987 working with this hard-core population. In response to several homeless deaths on the street several weeks after the 1998 census was taken, the Mayor authorized City funding for an additional outreach van. This expanded nighttime coverage has been annualized in the State budget. In 1999 the Mayor committed resources for additional outreach workers which has been annualized in the City budget. Bridge Over Troubled Waters also continues to operate its outreach van targeting a younger population. Together these programs are working to link those homeless people who stay on the streets to services.

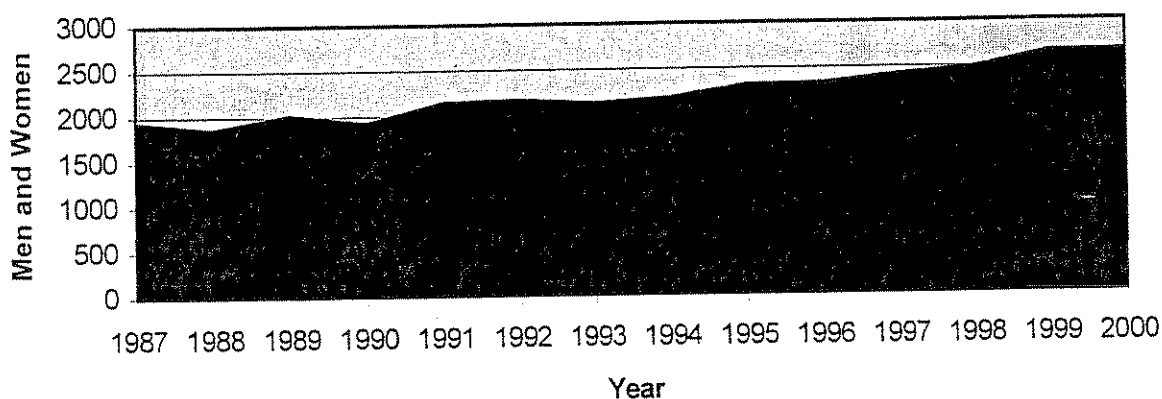
HOMELESS ADULTS IN SHELTER

	Winter 1999-2000		Winter 2000-2001	
	Male	Female	Male	Female
Betty's Place	0	15	0	15
Kingston House	152	5	162	29
Long Island Shelter ¹	411	57	394	53
Woods-Mullen	122	58	134	71
LIS Annex	103	0	102	0
McInnis House Respite	65	0	66	4
New England Vets Shelter	117	0	115	0
Pine Street Inn Men's Inn	366	0	358	0
Anchor Inn/MTHP	191	0	185	0
Women's Inn	0	102	0	114
Holy Family	53	0	58	0
Boston Night Center	61	18	40	22
Rosie's Place	0	20	0	20
Sancta Maria	0	9	0	9
Shattuck Shelter ²	190	20	181	20
Snead House Respite	0	16	0	19
Tri City Safe Haven	0	6	0	5
United Homes	154	16	176	17
YMCA - Cardinal Medeiros	79	0	83	0
SUB-TOTALS:	2064	342	2054	398
TOTALS	2406		2452	

¹ Includes Safe Harbor and SOAR as well as Long Island Shelter

² Includes Stabilization, TIL, and Expanded Day.

Boston Homeless Adults in Shelter and on the Streets



HOMELESS ADULTS IN SHELTER

There were 2054 men and 398 women in adult shelters on the night of the census - for a total of 2452 which is a 2% increase over the number counted in adult shelters last year. Emergency shelters for adults have been in a continuous state of overflow for over 12 months. For example, Boston Rescue Mission's Kingston House, which is funded for 120 beds with an overflow capacity of 56 beds, had 191 people on the night of the census. Pine Street's Men's Inn had 74 men sleeping in the lobby. Shelters are transitioning people into the mainstream, but the fact remains that newly homeless people are moving into the front door of the shelter system.

The State is providing funding for 220 overflow beds in Boston this year while the City is providing 90 overflow beds.

The shelter system has become the safety net for the failures of other systems in our state. For every person who has been successfully placed in housing, a newly homeless person has taken their place. Shelters report increasing numbers of young adults and ex-offenders are entering the shelter system. Shelters for individuals report more working men and women with one-third employed. Two in five had no formal source of income.³

³ Michelle Kahan, Tatjana Meshede, and Michelle Hayes. (2000) *A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999*. McCormack Institute, University of Massachusetts Boston.

Pine Street Inn's Women's Inn has reported an increase in women separated from their children: the intact family is denied access to the State's family shelter system, so the mother leaves the children with relatives and stays herself at the adult shelter. Restricted access to family shelter is harming many families by forcing them to split up. The number of women in the adult system has increased by 14% this year.

Despite crowded conditions and scarce resources, the shelters continue to develop innovative and successful approaches to help people move beyond homelessness. The City credits the McKinney Homeless Assistance grants received from the U.S. Department of Housing and Urban Development for much of the transitional movement out of shelters. HUD has recognized the strength of the collaboration between local government and homeless service providers and, consequently, Boston has been able to leverage significant resources from the federal government to create new homeless programs to complement the existing shelter system.

And the numbers demonstrate that with appropriate resources homeless people can move beyond shelter. In the past two years, thousands of individuals have used the safety net of emergency shelter, received the assistance they needed, and moved along the continuum of care and into permanent housing.

The City of Boston and shelter providers are making every effort to convert shelter beds to transitional beds. This effort is to help move people beyond shelter and into housing and jobs. Transitional programs comprise approximately one-third of the beds in our adult shelter system.

The lack of sufficient affordable housing units in the State is the primary reason we continue to see our homeless numbers rise. Recognizing this, Mayor Menino, the Boston Housing Authority (BHA) and the Department of Neighborhood Development (DND) have made it a priority to provide affordable housing targeted to homeless people. A minimum of 300 units/year will be developed for the homeless. This will be accomplished by the BHA's continued commitment to giving priority status to homeless applicants and by DND's requiring a set aside of 10% for all rental units developed with their resources. The City encourages the State to replicate these models through out the Commonwealth.

HOMELESS FAMILIES IN SHELTER

FAMILY SHELTERS

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Boston Family	0	8	19	0	9	19
Casa Nueva Vida	0	7	13	0	7	17
Crittenton-Hastings	0	16	29	0	15	36
Crossroads	2	11	27	0	13	26
Families-In-Trans.	0	22	42	1	22	42
Family House	3	19	27	2	16	38
LifeHouse	0	10	11	0	10	22
Margaret's House	0	26	46	0	26	40
Project Hope	0	8	10	0	8	16
Queens of Peace	0	6	2	0	5	5
Salvation Army	0	4	8	5	9	14
Sojourner House	1	7	14	0	7	9
St. Ambrose Inn	1	10	21	2	11	20
St. Mary's Home	0	19	15	0	17	15
Temporary Home	0	17	21	0	18	24
Traveler's Aid	3	9	27	1	9	26
SUB-TOTALS:	10	199	332	11	202	369

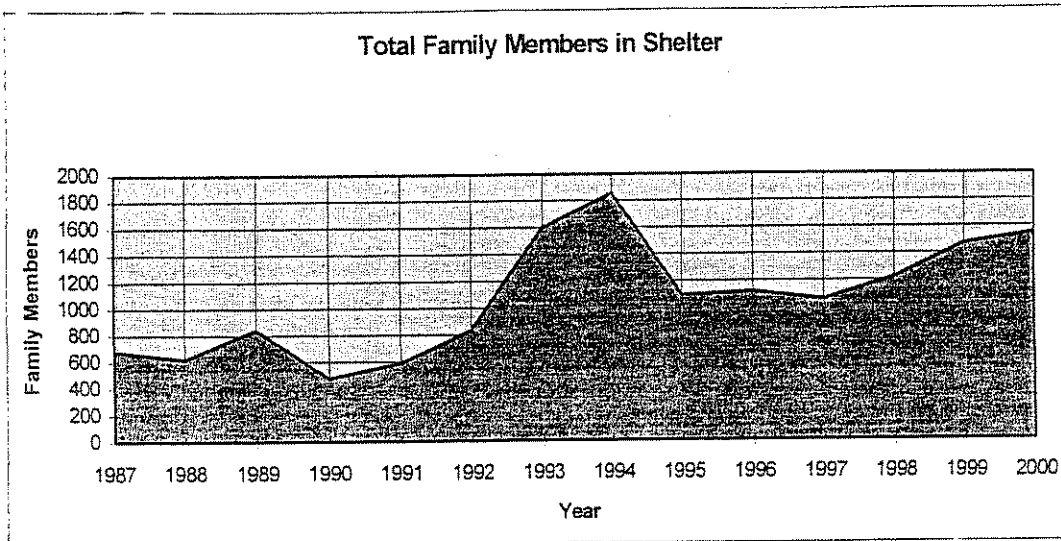
OTHER TYPES OF FAMILY SHELTER

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Families in shelters outside Boston *	10	109	215	18	146	296
Scattered Site Shelter	35	185	373	42	114	348
SUB-TOTALS:	45	294	588	60	260	644

TOTAL HOMELESS FAMILIES IN BOSTON

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
	55	493	920	71	462	1013
TOTALS		1468			1546	

HOMELESS FAMILIES IN SHELTER



Shelters for families are mostly funded by the Commonwealth's Department of Transitional Assistance (DTA). The number of families sheltered by scattered site programs in Boston has decreased by 15%. During this same period, 29% of Boston homeless families are placed by DTA in shelters and hotels outside of the City.

The City of Boston's Emergency Shelter Commission continues to receive calls from families, particularly poor working families and families evicted from subsidized housing, denied access to shelter as a result of restrictive State shelter screening.

The causes of family homelessness are rooted in poverty, and denying a family emergency shelter only exacerbates their problems forcing them either to live in overcrowded conditions with reluctant relatives or friends, or split the family up with different children staying with different relatives. The UMass Boston study from 1997 reported that 73% of the parents in family shelters indicate that they had lived in a "doubled up" situation. Currently, only 37% of families entering shelter identify the homes of relatives or friends as their prior living situation and 31% are coming from a rented home. More and more households in Massachusetts are not able to preserve their tenancies because of increasing housing costs. And as noted earlier, some families who are not eligible for family shelter are sending the children to stay with relatives so the parent(s) can then stay in an adult shelter.

The emergency family shelter system administered by DTA needs to be accessible to families in need to provide a safety net and hopefully a foundation for future independence for homeless families in Massachusetts. With that safety net inaccessible to many families because of arbitrary eligibility requirements, the State is jeopardizing the futures of too many Massachusetts children.

Traveler's Aid of Boston continues to provide shelter on a limited basis to families who are not able to access shelter through DTA. Traveler's Aid is serving more families than ever and is facing increasing financial pressures

Shelter stays continue to increase in length, due to a lack of affordable housing and a lack of adequate income supports for families, particularly families headed by single mothers. Family stays in shelter are averaging as high as 10 months in some shelters. Housing search workers under contract with the State report that, because of lack of affordable housing in the Boston area, homeless families have been directed as far away as Fall River and New Bedford in search of affordable market-rate housing.

Even homeless people with subsidies are having difficulties finding a landlord willing to take them. Since landlords are able to get very high market rents, they are not looking for tenants with subsidies. The HUD Fair Market Rent (FMR) is lower than what a landlord can get from other renters. Over one-third of families in shelter have a subsidy but can not secure an apartment. Because of the overall lack of affordable units, the City strongly encourages the State to create an affordable housing strategy for families who are homeless and at-risk of homelessness. A recent HUD study indicated that Massachusetts had the highest increase in housing costs in the nation.

In conjunction with the lack of affordable housing, lack of income (based on several factors including a mismatch of job skills with available jobs, low payments, lack of day care slots, lack of quality education, and the lack of paternal financial support) causes homelessness for families. The imposition of the two-year time limit for TAFDC which started on December 1, 1998 impacted many homeless families taking away a source of income that has helped many families get over hard times. The percentage of Boston homeless families receiving TAFDC has dropped from 71% in 1997 to 49% currently. 19% of families in

ADOLESCENT PROGRAMS

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Bridge Transitional Living Program	5	7	0	3	6	1
Bridge-Elliott Complex	3	13	12	2	8	7
Bridge "Host Homes"	0	0	0	0	0	1
Mass. Halfway Houses	16	0	0	8	0	12
YouthBuild Boston ⁸	14	0	0	NA	NA	NA
SUB-TOTALS:	38	20	12	13	14	21
TOTALS	70			48		

These programs are essentially operating at capacity. The adult shelters, such as Pine Street, Long Island, and Shattuck, also have reported an increase in the number of young people over 18 years of age using adult programs; these programs do not offer services to anyone younger than 18 years based on the belief that the adolescent group has specialized needs that can best be addressed elsewhere.

The City continues to be concerned about youth "aging" out of the DSS and DYS systems, i.e. turning 18 years of age and no longer being eligible for services. Providers report that many of their young clients have had DSS and DYS involvement.

Bridge Over Troubled Waters, funded by the City with Federal McKinney money, continues to operate its transitional day program for homeless youth and young adults living on the streets or in the adult emergency shelters.

⁸ Included this year under United Homes.

HOSPITALS

HOSPITAL EMERGENCY ROOMS

	Winter 1999-2000		Winter 2000-2001	
	Male	Female	Male	Female
Beth Israel-Deaconess	0	0	1	0
Boston Medical Center	5	0	5	4
Brigham & Women's	1	0	0	0
Carney Hospital	0	0	3	0
Massachusetts General	6	0	3	1
New England Medical Center	0	0	3	1
St. Elizabeth's	2	0	0	0
SUB-TOTALS:	14	0	15	6
TOTALS	14		21	

HOSPITAL INPATIENT

	Winter 1999-2000		Winter 2000-2001	
	Male	Female	Male	Female
Beth Israel-Deaconess	1	2	0	4
Boston Medical Center	7	4	3	2
Brigham & Women's	0	0	0	0
Carney Hospital	0	0	2	1
Faulkner Hospital			1	0
JP VA			20	0
Massachusetts General	7	1	1	1
New England Medical Center	4	0	6	2
Shattuck Hospital	53	24	48	35
St. Elizabeth's	2	0	0	3
SUB-TOTALS:	74	31	81	48
TOTALS	105		129	

There has been a significant increase in the number of homeless single adults who receive health insurance, 55% are currently covered by Medicaid/Mass Health compared to 30% in 1997. 74% of homeless adults are receiving some form of health insurance.⁹

⁹ A Comparative Portrait of Individuals and Families Utilizing Boston Emergency Shelter Programs, 1999.

DETOX AND SUBSTANCE ABUSE TREATMENT

	Winter 1999-2000		Winter 2000-2001	
	Male	Female	Male	Female
Andrew House	18	2	13	0
Boston Detox	12	6	5	2
Bridge to Recovery	35	2	31	8
Dimock Detox	10	2	15	9
River Street	13	2	10	9
Tewksbury (CAB)	150	NA	129	NA
Transitions (STAIR)	30	5	31	5
Women's Hope	NA	17	NA	11
SUB-TOTALS:	268	36	234	44
TOTALS	304		278	

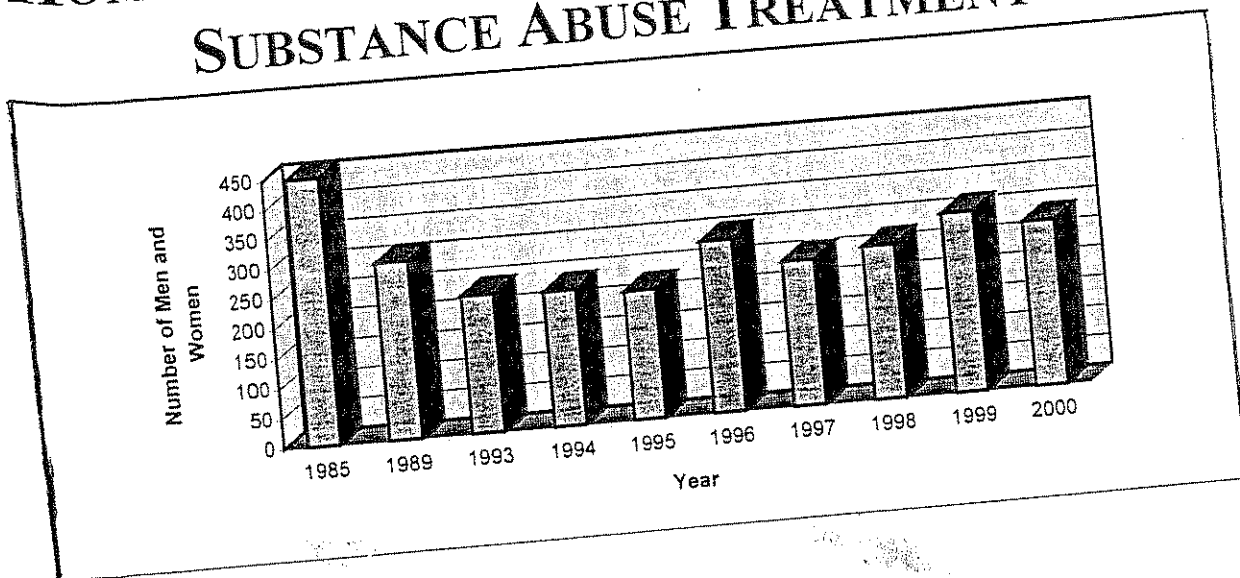
On the night of the census, there were 234 homeless men and 44 homeless women in detox facilities - a total of 278. Often there is not an opening in a recovery program to meet the needs of homeless people leaving detox. Many of the adult shelters have converted emergency beds to post-detox, pre-recovery beds to increase homeless adults chances of a successful recovery.

Since the demise of the Addiction Center at Bridgewater, homeless service providers have been advocating that the State should increase the supply of detox and recovery beds for homeless individuals. In 1996 the State Legislature and the Commonwealth's Department of Public Health (DPH) added 60 additional detox beds specifically targeted to homeless individuals as well as 60 additional recovery beds. DPH has also provided increased resources for transitional services to smooth the transition between substance abuse programs and convened a homeless task force to look how their agency can help on a myriad of issues which affect homeless people. These resources are reaching this population and are creating a way out of homelessness for those grappling with alcohol and other drugs.

During 2000, two workshops focused on communications and information sharing between the homeless service system and the substance abuse treatment system. These two workshops, "Bridging the Gap" and "Closing the Gap", provided an opportunity for providers to come together and work on common problems. Sponsored by the Mayor's Emergency Shelter Commission, MA Housing and Shelter Alliance, Mental Health and Substance Abuse Corporations of Massachusetts, MA Behavioral Health Partnership, MA Department of Public Health's Bureau of Substance Abuse Services in collaboration with many provider

Health's Bureau of Substance Abuse Services in collaboration with many provider agencies, these meetings are part of a continuing dialogue to provide quality services to this vulnerable population.

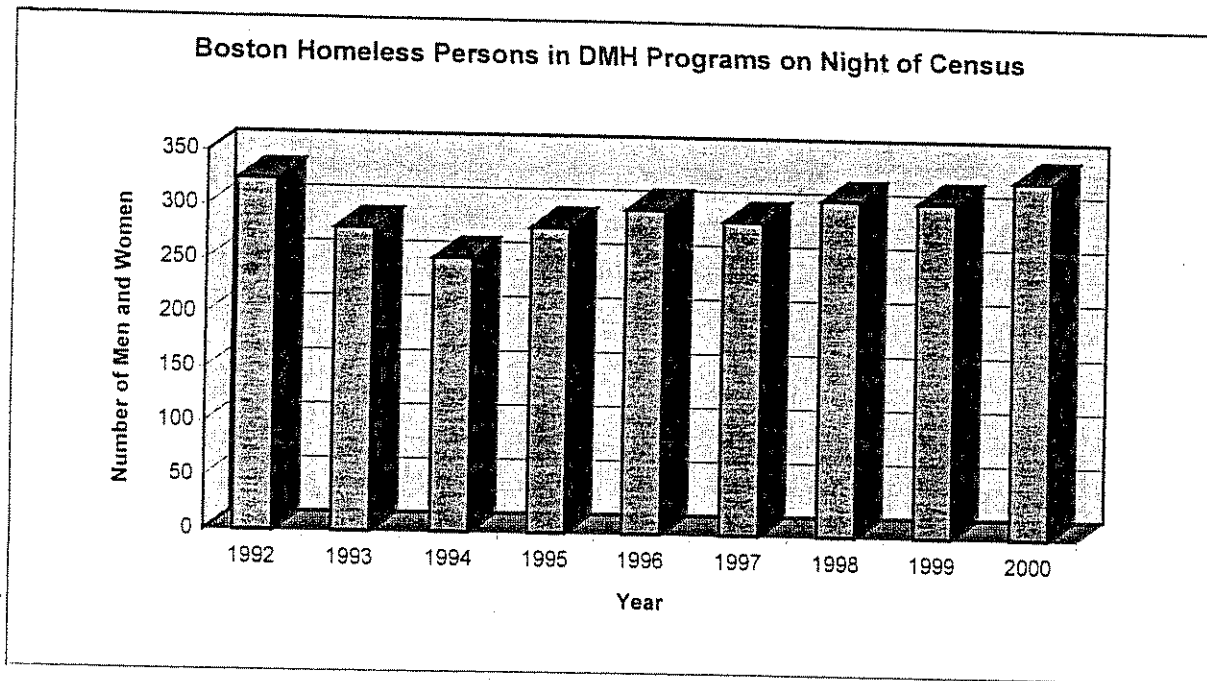
HOMELESS MEN AND WOMEN IN DETOX AND SUBSTANCE ABUSE TREATMENT



MENTAL HEALTH FACILITIES

	Winter 1999-2000		Winter 2000-2001	
	Male	Female	Male	Female
Albany Lodge	15	5	17	4
Bay View Inn	25	0	18	0
Fenwood Inn	32	8	35	16
Lindemann Inpatient	20	6	28	11
Metro Boston Inpatient Unit ¹⁰	88	24	79	30
Parker Street West	0	20	0	19
Solomon Carter Fuller Inpatient	21	10	31	5
St. Alphonsus Respite	0	0	1	2
West End Shelter	21	16	22	14
SUB-TOTALS:	222	89	231	101
TOTALS	311		332	

This year, there were 231 men and 101 women, a total of 332 homeless individuals, in Department of Mental Health homeless programs.



¹⁰ Formerly Bay Cove Mental Health.

MENTAL HEALTH FACILITIES

The State has recognized that mental illness is a significant factor for a large percentage of the homeless population. Appropriately, the State has committed resources over the past few years to create housing units for the homeless mentally ill. The City commends the State for this commitment and encourages the State to continue providing housing for this population. The City also recommends that the State recognize the need to provide housing and service options to the homeless mentally ill throughout the Commonwealth, and not just in the City of Boston.

The State needs to provide a continuum-of-care for the homeless mentally ill. Homeless shelters are not equipped to deliver the mental health services homeless mentally ill men and women need. DMH needs to improve access to their specialized shelters in order to move homeless men and women along the continuum and into permanent housing.

Both the City and the State have come to recognize the specific needs of the dually diagnosed population. These are people who have both substance abuse and mental health issues. Traditionally, a split between the substance abuse and mental health service systems would result in these clients receiving uncoordinated treatment. For example, a schizophrenic man who abused alcohol in an attempt to drown out the voices in his head might receive treatment in detox for his drinking. But after completing detox with his mental illness untreated, the symptoms of schizophrenia would still be there and he would be tempted to return to drinking in an attempt to self-medicate.

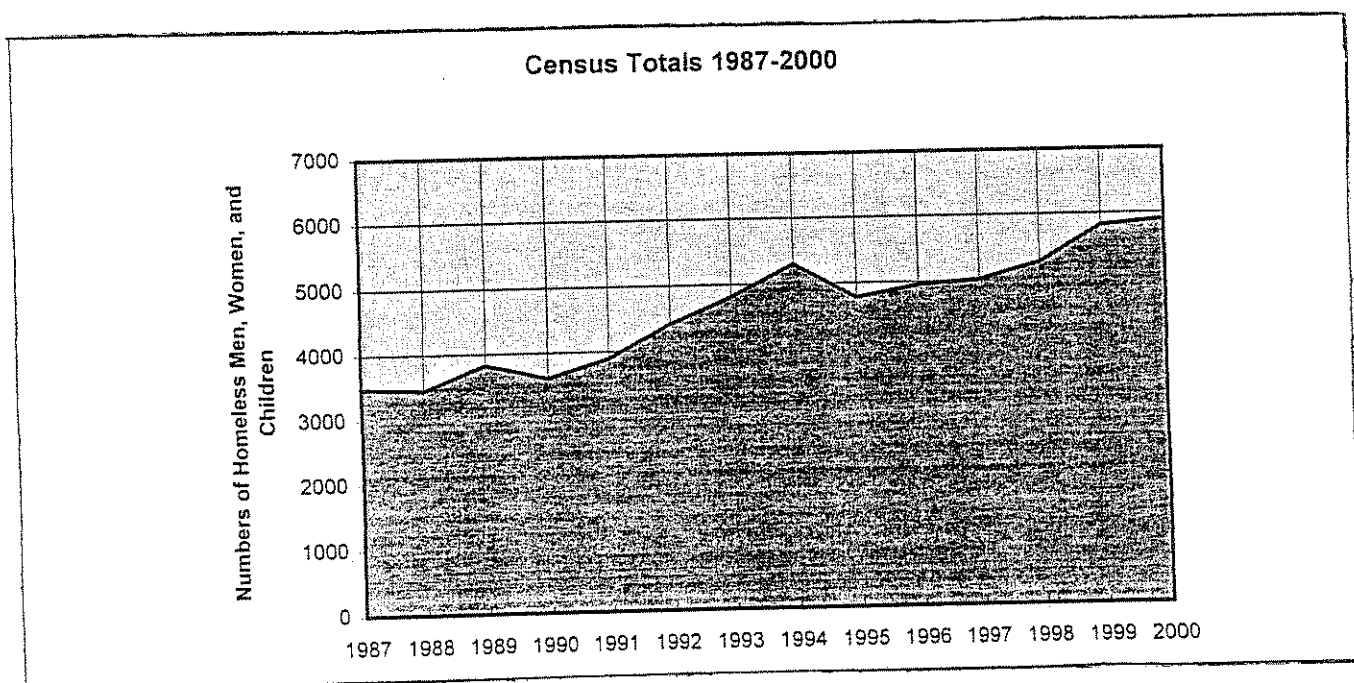
TRANSITIONAL PROGRAMS

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Brookview House	0	8	23	0	8	22
Casa Esperanza	25	16	4	23	8	1
Crittenton-Hastings Transitional	2	16	44	2	15	35
T.R.A.C.	0	20	21	0	22	23
Dennis McGlaughlin House	0	7	7	0	10	9
Dimock Fort St.	0	10	1	0	9	2
Elders Living At Home	18	9	0	19	9	0
Empowering Young Mothers	0	5	6	0	5	7
Harbor Lights	63	21	0	27	21	0
Horizons House	0	6	7	0	6	10
Mass. Halfway Houses	126	24	0	105	26	0
Nazareth House	0	10	8	0	6	9
New England Veterans Shelter	139	4	0	140	10	0
Transitional						
One Wise Street	8	0	0	8	0	0
Portis Family House	0	0	0	0	4	11
Revision House	0	19	27	0	21	20
Seton Manor	17	2	0	20	3	0
YWCA Aswalos House	0	8	7	0	9	9
SUB-TOTALS:	398	185	155	344	192	158
TOTALS	738			694		

There were 694 homeless men, women and children in transitional shelters and programs this year. Please note that several transitional programs are included within the Adult Shelter category.

HOMELESS TOTALS

	Winter 1999-2000			Winter 2000-2001		
	Male	Female	Children	Male	Female	Children
Street Count	208	42	0	182	31	0
Adult Shelters	2064	342	0	2054	398	0
Family Shelters	10	199	332	11	202	369
Family Other	45	294	588	60	260	644
Women In Crisis	0	70	84	0	75	118
Adolescent	38	20	12	13	14	21
Hospital ER	14	0	0	15	6	0
Hospital Inpatient	74	31	0	81	48	0
Detox	268	36	0	234	44	0
Mental Health	222	89	0	231	101	0
Transitional Shelters	398	185	155	344	192	158
TOTALS	3341	1308	1171	3225	1371	1310
GRAND TOTALS	5820			5906		



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and

200 or so volunteers who went out for the street count

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